



**DEPARTMENT OF HEALTH & HUMAN SERVICE  
PORTLAND AREA INDIAN HEALTH SERVICE  
DIVISION OF PERSONNEL MANAGEMENT**

**PORTLAND AREA IHS IS A SMOKE FREE AGENCY**

Preference in filling vacancies is given to qualified Native American Indian candidates in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In other than the above, the Indian Health Service is an Equal Opportunity Employer and all qualified candidates will receive consideration without regard to race, color, sex, national origin, marital status, age, religion, labor organization affiliation, physical handicap, political affiliation, or sexual orientation.

<b><u>ANNOUNCEMENT NUMBER:</u></b>	<b>06-POC-06A MP-ESEP</b>
<b><u>OPEN DATE:</u></b>	<b>September 14, 2006</b>
<b><u>CLOSE DATE:</u></b>	<b>December 31, 2006</b>
<b><u>POSITION TITLE/SERIES/GRADE:</u></b>	<b>Dental Officer, GS-680-11/12</b>
<b><u>STARTING SALARY:</u></b>	<b>GS-11 \$67,672 - \$80,911 GS-12 \$75,818 - \$91,685</b> (Paid yearly and may be adjusted for previous or current Federal employees; part-time or intermittent work schedule pay is prorated on the number of hours worked)  Special pay and bonuses may be available at certain locations.
<b><u>PROMOTION POTENTIAL:</u></b>	<b>Yes, to GS-12</b>
<b><u>SUPERVISORY/MANAGERIAL:</u></b>	<b>NO, for Staff Dental Officer Positions</b> <b>YES, for <u>Chief Dental Officer</u> positions ~ subject to one year probationary period</b> (Indicate on application if applying for (1) staff dental officer, or (2) Chief Dental Officer, or (3) Both.)
<b><u>RELOCATION EXPENSES:</u></b>	<b>May be authorized in accordance with Federal Travel Regulations ~ Negotiable</b>
<b><u>APPOINTMENT/WORK SCHEDULE:</u></b>	<b>Full-Time Permanent, Full-Time Temporary, Part-Time Temporary, Intermittent (on-call)</b>
<b><u>AREA OF CONSIDERATION:</u></b>	<b>Nation Wide</b>
<b><u>LOCATIONS:</u></b> (Positions filled as vacancies occur)	<b>Colville Service Unit, Nespelem, Washington (Colville Confederated Tribes)</b> <b>Fort Hall Service Unit, Fort Hall, Idaho (Shoshone-Bannock Tribe)</b> <b>Wellpinit Service Unit, Wellpinit, Washington (Spokane Tribe)</b> <b>Western Oregon Service Unit, Salem, Oregon</b> <b>Yakama Service Unit, Toppenish, Washington (Yakama Tribe)</b> <b>Warm Springs Service Unit, Warm Springs, Oregon (Warm Springs Tribe)</b>

The Portland Area Indian Health Service, an Agency within the Department of Health & Human Services, is accepting applications at the multiple grade levels and multiple locations for recruitment of the greatest number of candidates who will be considered for all vacancies for a 6-month period. Temporary/Term appointments made from this announcement may be extended without further competition, up to the time frames allowed by law or regulation; but extension is not guaranteed. Some temporary/term appointments are eligible for benefits. Positions may be filled at ANY of the grade levels indicated in this announcement, with or without promotion potential. Applicants should specify the lowest grade (GS-level) that they will accept. Applicants should specify specific location apply; otherwise, consideration is for ALL location.

**WHO MAY APPLY:**

- Excepted Service Examining Plan Candidates (ESEP) – Individuals entitled to Indian Preference who wishes to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B) (8).
- Merit Promotion Plan Candidates (MPP) – Current permanent competitive Federal status employees, reinstatement eligible and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).
- PHS Commissioned Corps Officers – Current active or inactive Commissioned Officers may apply.
- Veteran's Preference – Veterans who are preference eligible or who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply. Disabled veterans with 30% or more disability are encouraged to apply.

**NOTE:** Indian Preference candidates who are currently on career conditional or career appointments or who are eligible for reinstatement must indicate on their application if they wish to be considered under the Merit promotion Plan or the Excepted Service Examining Plan, or both. If they do not, their application will be considered only under the Merit Promotion Plan. (Indian Preference candidates are persons who are enrolled in a federally recognized tribe as defined by the Secretary of the Interior, and who submits a properly completed and signed BIA-4432 form).

**JOB DESCRIPTION:**

This announcement is used to fill vacancies for Staff Dental Officers and Chief Dental Officer positions at a Service Unit or Health Center located on a Northwest Indian Reservation. Staff Dental Officers perform a variety of clinical and chair side duties. Chief or Deputy Chief Dental Officers manage Service Unit/Health Center programs and provide personnel management for assigned staff. Chief Dental Officer provides clinical care

approximately 90% of duty time. Staff Dental Officers and Chief and Deputy Chief Dental Officers may perform scientific work in the prevention, diagnosis and treatment of diseases, injuries and deformities of the teeth, jaws, organs of the mouth, and other structures and connective tissues associated with the oral health. Authorize and justify the obligation of funds under the Contract Dental Care Program. Establish and maintain relationships with other health disciplines and Tribal Health groups, content of community water supplies within the Service Unit program, and evaluate the quality of the dental services provided directly and under contract. In addition, incumbent may be required to do temporary duty at other health facilities in the state of Washington, Oregon and Idaho.

### **QUALIFICATION REQUIREMENTS:**

**Medical Requirements:** Applicants must be able to distinguish shades of color. Current knowledge of dental materials and clinical procedures.

#### **GS-11:**

**Degree Required:** Degree in dental surgery (DDS) or dental medicine (DMD) from a school approved by the Council on Dental Education, American Dental Association (ADA); or other dental school, provided the education and knowledge acquired was substantially equivalent to that of graduates from an ADA approved school.

**Licensure Required:** Applicants must have a current, full, and unrestricted licensure to practice medicine in a State, District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.

#### **GS-12:**

In addition to meeting the basic qualifications for degree, training, and licensure requirements, applicants must meet the following:

**Approved Internship:** Approved residency: Training in a hospital dental internship or residency approved by the Council on Dental Education of the American Dental Association.

**Graduate Level study:** Either dental graduate study leading to an advanced degree such as Master of Science or postgraduate (non-degree) dental school study involving a level of instruction comparable to that provided in a graduate degree program.

**National certifying board:** An examining board in a special area of dental practice recognized by the Council on Dental Education of the American Dental Association.

**Board Eligibility:** Qualification for examination by a national certifying board as a result of having met the advanced training program requirements for a dental specialty.

**Experience and/or training must be one of the following types:**

- Post-licensure professional experience in the general practice of dentistry.
- Approved internship training.
- Approved residency training.
- Graduate level study in an accredited dental school.
- Post licensure professional experience in a specialized area of practice.
- Other advanced study or training (outside a dental school or hospital) creditable towards satisfaction on training program requirements for Board eligibility.

**KNOWLEDGE, SKILLS, AND ABILITIES (KSA):** On a separate sheet of paper discuss how you have performed the particular knowledge, skill, or ability listed below. Failure to submit written responses may result in an ineligible rating or substantially lower score.

- Element 1: Ability to perform dental services of a general practice nature including pediatric dentistry, endodontics, oral surgery, periodontics at a restorative dentistry.
- Element 2: Ability to meet and deal with a variety of individuals and groups in an effective manner using tact and diplomacy.
- Element 3: Ability to communicate orally,

**CHIEF DENTAL OFFICER KSA** - In addition to responding to the KSAs above, applicants wishing to be considered for Chief Officer Positions must respond to the following KSAs:

- Element 4:** Ability to supervise the work of others.
- Element 5:** Ability to plan, organize, and prioritize the work within a program or of subordinates.

### **CONDITIONS OF EMPLOYMENT:**

1. Selectee(s) are required to be immunized against Measles and Rubella and provide medical documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant.
2. Selectee(s) are required to complete a Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.
3. Selectee(s) are required to complete a "Declaration of Federal Employment - Optional Form 306" to determine your suitability for Federal employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.

**TIME IN GRADE:** Federal status applicants must have completed at least 1 year of service in a position no more than one grade lower than the position to be filled. If selected under the Excepted Service Examining Plan, individuals may be appointed without regard to time-in-grade requirements.

**LEGAL AND REGULATORY REQUIREMENTS:** Federal status applicants must meet time-after competitive appointment, time-in-grade, and qualification requirements within 30 calendar days after the closing date of the vacancy announcement.

**METHOD OF EVALUATION:** Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities, special awards, experience related to tribal communities and projects, and also on the information provided in the applicant's responses to the following Knowledge, Skills, and Abilities.

**REASONABLE ACCOMMODATION:**

The Indian Health Service provides reasonable accommodation to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the Human Resource Specialist named below. The decision on granting reasonable accommodation will be on a case-by-case basis.

**HOW TO APPLY/REQUIRED FORMS:**

1. Applicants may use one of the following to apply: (1) OF-612 Optional Application for Federal Employment, **or** (2) Resume (see requirements in **Attachment A**).
2. If claiming Indian Preference, BIA Form 4432 "Verification of Indian Preference for Employment in BIA and IHS".
3. If claiming Veteran's Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran's Preference.
4. Copy of latest Personnel Action (SF-50), if a current or former Federal employee, and/or if requesting Reinstatement Eligibility.
5. Copy of most recent performance appraisal, if a current Federal employee.
6. Copy of current unrestricted License.
7. Completed PL 101-630 Questionnaire (form attached)
8. Completed Optional Form 306 (form attached)
9. Completed Selective Service Registration Form (form attached)
10. Written Responses to the Knowledge, Skills, and Abilities (OPTIONAL ~ failure to submit may result in an ineligible rating or substantially lower score).
11. Commissioned Corps Officer: (a) latest COER, and (2) current Billet Description, (3) BIA FORM 4432 if claiming Indian Preference.

**Application and required forms must be identified by this announcement number and submitted to the address below:**

**Portland Area Indian Health Service  
Division of Personnel Management  
1220 SW Third Avenue, Room 476  
Portland, Oregon 97205**

**ATTN: Margaret Witt, Human Resource Specialist  
Phone: (503) 326-2015  
Fax: (503) 326-5787**

All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will not be honored. Additional information regarding Federal job openings can be obtained at [www.usajobs.com](http://www.usajobs.com), or check the IHS Website at [www.ihs.gov](http://www.ihs.gov). All documents are subject to the provisions of the Privacy Act (PL 93-579) and become the property of DHHS.

**Additional selections of candidates may be possible within 90 days from the date the certificate of eligibles is issued for this announcement, for filling additional or similar positions.**

Personnel Officer: \_\_\_\_\_ Date: \_\_\_\_\_

## **ATTACHMENT A**

**Resume Requirements** - Your resume or other application format ***must*** contain the following information to allow for qualification determination. ***Failure to submit a complete application may result in your application not being considered for this position.***

1. **Job Information** (announcement number, title and grade(s) of the job you are applying for).
2. **Personal Information**
  - Full Name (first, middle, last ~ include other names used, i.e., maiden name)
  - Mailing Address
  - Phone Number you can be reached at.
  - Email Address (if applicable)
  - Social Security Number
  - Country of Citizenship (U.S. citizenship required)
3. **Education:** list high school and colleges attended, type of degrees (list major) received, date of degree conferred, city and state of school. ***If no degree received, please document the number of credit hours you possess.***
4. **Work Experience:** (include non-paid work as well as paid)
  - Job Title (if Federal employment, indicate series and grade)
  - Duties and Accomplishments
  - Employer's name and address
  - Supervisor's name and phone number
  - Starting and ending dates of employment (month/year)
  - Hours of work per week
  - Salary
  - Indicate if you do not want us to contact your current supervisor (if not specified, it will be assumed that we may do so)
5. **Other Qualifications**
  - List job related training (title, year obtained, hours of training)
  - Honors or awards received
  - License or certificates obtained (submit with application)
  - Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc)

\*\*\*\*\*

### **COMMON OMISSIONS – from applicants**

1. ***No transcript or copy of diploma. If you are substituting education for experience you must include a copy of your transcripts/list of courses OR copy of your diploma.***
2. ***Missing starting and ending dates of employment (month/year).***
3. ***Missing total number of hours worked per week.***
4. ***Missing OF-306***
5. ***Missing Selective Service form***  
***Missing BIA form 4432 (if claiming Indian Preference)***

## ATTACHMENT B

### **Special Instructions for Surplus or Displaced Employees**

1. You may be eligible for special selection priority consideration under the Career Transition Assistance Program (CTAP) if you are a current career or career-conditional (tenure group I or II) employee of the DHHS Agency at the GS-15 grade level or below or equivalent, and who has received a specific RIF separation notice or a Certificate of Expected Separation indicating your job is surplus, or notice of removal for declining a directed reassignment or transfer of function outside the local commuting area. To qualify for special selection priority consideration under CTAP you **MUST** also meet the criteria shown in paragraph 3 below.
2. You may be eligible for special selection priority consideration under the Interagency Career Transition Assistance Program (ICTAP) if you are a current or former career-conditional (tenure group I or II) employee of any agency in the competitive service at the GS-15 grade level or below or equivalent, who has received a specific RIF separation notice or a notice of proposed removal for declining a directed reassignment or transfer of function outside the local commuting area. You may also be eligible if you were separated because of a compensable injury and your compensation has been terminated; or you retired with a disability and your disability annuity has been or is being terminated; or you were in receipt of a RIF separation notice and retired on the effective date of the RIF or under discontinued service; or you are a former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM. To qualify for special selection priority consideration under ICTAP you **MUST** also meet the criteria shown in paragraph 3 below.
3. To qualify for special selection priority consideration under CTAP or ICTAP for this vacancy, you **MUST** also meet **ALL** of the following:
  - (a) Have a current or last performance rating of record of at least fully successful or equivalent. A copy **MUST** be submitted with your application package. (Note: this requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
  - (b) Be applying for a position at or below the grade level from which you will be, or have been separated, and which does not have a greater promotion potential than the position from which you will be, or have been separated.
  - (c) Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
  - (d) File your application by the vacancy announcement closing date and meet all the applicable criteria. Your application **MUST** include **ALL** documents that support your claim of eligibility for priority consideration – RIF separation notice, or notice of proposed removal for declining a directed reassignment or transfer of function to another commuting area; SF-50 Notification of Personnel Action, showing that they were separated as a result of RIF, or for declining a transfer of function or directed reassignment to another commuting area; official certification from an agency stating that it cannot place an individual whose injury compensation has been or is being terminated; official notification from OPM that an individual's disability annuity has been or is being terminated; or official notification from the Military Department or National Guard Bureau that the employee has retired under 5 USC 8337(h) or 8456.
  - (e) Be rated "well qualified" for this position. A numerical rating of 85 is considered to be well qualified for this position.

**OF-306**  
**Declaration for Federal Employment**

Form Approved: September 1994 - US Office of Personnel Management - OMB No. 3206-01827775 NSN 7540-01-368-5306-101

**GENERAL INFORMATION**

1. FULL NAME: \_\_\_\_\_ 2. SS NUMBER: \_\_\_\_\_
3. PLACE OF BIRTH: \_\_\_\_\_ 4. DATE OF BIRTH (MM/DD/YY): \_\_\_\_\_
5. OTHER NAMES EVER USED (for example, maiden name, nickname, etc.): \_\_\_\_\_
6. PHONE (include area codes) Day: \_\_\_\_\_ Night: \_\_\_\_\_

**MILITARY SERVICE:**

7. Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "No."  
Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes," list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.

BRANCH: \_\_\_\_\_

FROM \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

**BACKGROUND INFORMATION**

For all questions, provide all additional information requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 8, 9 and 10, your answers should include convictions resulting from a plea of nolo contendere (no contest). But omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16<sup>th</sup> birthday, (3) any violation of law committed before your 18<sup>th</sup> birthday if finally decided in juvenile court or under a Youth Offender law, (4) and conviction set aside under the Federal Youth Corrections Act or similar State Law, and (5) any conviction whose record was expunged under Federal or State law.

8. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "Yes," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.  
Yes { } No { }
9. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "No.") If "Yes," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.  
Yes { } No { }
10. Are you now under charges for any violation of law? If "Yes," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.  
Yes { } No { }
11. During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you barred from Federal employment by the Office of Personnel Management? If "Yes," use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.  
Yes { } No { }
12. Are you delinquent in any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes," use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.  
Yes { } No { }

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS  
ADDITIONAL QUESTIONS

13. Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "Yes," use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.  
Yes { } No { }
14. Do you receive, or have you ever applied for, retirement pay, pension, or other pay based military, Federal, civilian, or District of Columbia Government service?  
Yes { } No { }
15. Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, social security number, and item number, and the include Zip codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

CERTIFICATIONS/ADDITIONAL QUESTION

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17.

13. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, am true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment, I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

16a. Applicant's Signature (sign in ink)

Date

16b. Appointee's Signature (sign in ink)

Date

17. Appointee Only (Respond only if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

17a. When did you leave your last Federal job? Date: \_\_\_\_\_

17b. When you worked for the Federal Government the last time, did you waive Basic Life insurance or any type of optional life insurance?

Yes { }

No { }

17c. If you answered "Yes" to item 17b, did you later cancel that waiver(s)? If your answer to item 17c is "No" use item 15 to identify the type(s) of insurance for which waivers were not canceled.

Yes { }

No { }

**Addendum to Declaration for Federal Employment (OF 306)**  
**Indian Health Service**  
**Child Care & Indian Child Care Worker Positions**

=====

**Item 15a. Agency Specific Questions**

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

(Please print)

**Job Title in Announcement:** \_\_\_\_\_ **Announcement Number:** \_\_\_\_\_

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

- 1) Have you ever been arrested for or charged with a crime involving a child? YES \_\_\_\_\_ NO \_\_\_\_\_

*[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]*

- 2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? YES \_\_\_\_\_ NO \_\_\_\_\_

*[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]*

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

\_\_\_\_\_  
**Applicant=s Signature (sign in ink)**

\_\_\_\_\_  
**Date**

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852.  
***Please do not send completed data collection instruments to this address.***



## APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for appointment by executive agencies of the Federal Government.

### CERTIFICATION OF REGISTRATION STATUS

Check one:

- ☐ I certify I am registered with the Selective Service System.
- ☐ I certify I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law.
- ☐ I certify I have not registered with the Selective Service System.
- ☐ I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

### NON-REGISTRANTS UNDER AGE 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular office if you are outside the United States.

### NON-REGISTRANTS AGE 26 OR OVER

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel agency Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with any explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

### PRIVACY ACT STATEMENT

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by the statement failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

### FALSE STATEMENT NOTIFICATION

A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment. (Section 1001 of title 18, United States Code.)

\_\_\_\_\_  
Legal signature of individual {Please use ink}

\_\_\_\_\_  
Date signed (Please use ink)